

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V34091

**Entity Name:** JOSEPH BLUE & SONS NURSERY, INC.

**Current Principal Place of Business:**

769 S.W. BITTERN ST  
PALM CITY, FL 34990

**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC5852624865**

**Current Mailing Address:**

769 S.W. BITTERN STREET  
PALM CITY, FL 34990

**FEI Number: 65-0332424**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FREDERICK, MICHAEL LCPA  
75 NE 15 STREET  
HOMESTEAD, FL 33033 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name BLUE, JOSEPH F.  
Address 769 S. W. BITTERN ST  
City-State-Zip: PALM CITY, FL 34990

Title DVST  
Name BLUE, SHARON P.  
Address 769 S.W. BITTERN ST  
City-State-Zip: PALM CITY FL 34990

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SHARON BLUE**

**SECRETARY**

**02/26/2014**

Electronic Signature of Signing Officer/Director Detail

Date